

JUN 17 2004

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KENILWORTH, NEW JERSEY 07033
(908) 298-4000

FACSIMILE TRANSMITTAL SHEET

To	FAX NUMBER:
USPTO	574-272-0585
Examiner Phyllis Spivack	703-872-9806
FROM:	PHONE NUMBER:
Robert J. Lipka	908-298-5056
TOTAL NO. OF PAGES INCLUDING COVER	DATE
9	June 17, 2004

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NOTES/COMMENTS:

RE: Application No. 10/088,629
In Re Application of Heithoff, et al, Filed: 03/19/2002
Group Art Unit 1614 Attorney Docket No. AL01071K
For: TREATING ALLERGIC AND INFLAMMATORY CONDITIONS

Dear Examiner Spivack,

As per our telephone conversation of 6/16/04, pls. find enclosed a copy of the response to the Office Action dated March 3, 2004. Pls. contact me if you have any further questions. Thank you.

Transmitted herewith are:

Post Card with OIPE stamp dated 3/08/2004

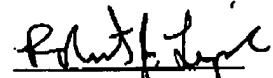
Transmittal Form - 1 page

Fee Transmittal Sheet - 1 page in duplicate

Form 1449 - 1 page

IDS Transmittal - 2 pages

Fax Cover Sheet - 1 page


Robert J. Lipka
Attorney for Applicants
Reg. No. 42,807

PHONE: (908)298-5056

FAX: (908)298-5388

Attorney Docket No.: AL01071KUS

Application No.: 10/088,629

Filing Date: 03/19/2002

First Named Inventor: Heithoff

PTO/SB/07 (08-03)

Approved for use through 07/31/2008, OMB 0851-0031

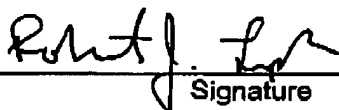
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**PATENT DEPARTMENT
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Date:

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☐ FILE☐ CHECK FILE
RECEIVED IN THE U.S. PATENT AND TRADEMARK OFFICE
Applicant: **HEITHOFF**Serial No.: **10/088,629**Atty.: **TDH;pps**Filed: **03/19/2002**Case No.: **AL01071K**For: **TREATING ALLERGIC AND INFLAMMATORY**Enclosed: **CONDITIONS**

- ☐ Certificate of Mailing PTO/SB/92 (1 page)
- ☒ Response Transmittal Form (PTO/SB/21)
- ☒ Fee Transmittal (PTO/SB/17) In Duplicate
- ☐ Response To Notice to File Missing Parts (____ pages)
- ☐ Copy of Notice to File Missing Parts
- ☐ Declaration/Power of Attorney (Exec./Unexec./Copy) (____ pages)
- ☐ Sequence Listing (____ pages)
- ☐ Sequence Listing Statement (____ pages)
- ☐ Sequence Listing Diskette
- ☒ Amendment or Response (2 pages)
- ☒ Petition for Extension of Time (PTO/SB/22) (2 Months)
(____ Duplicate)
- ☒ Information Disclosure Statement (2 pages)
- ☒ Form PTO 1449 (1 pages) (9 documents)
- ☐ Issue Fee Transmittal (Part B) In Duplicate
- ☐ Assignment Recordation (PTO-1595) (1 page) In Duplicate
- ☐ Recordation Form Cover Sheet Continuation (____ pages)
- ☐ Assignment Document (____ pages)
- ☒ Charge to Deposit Account No. 19-0365
in the amount of \$ 600.00
- ☒ Post Card

☐
☐
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PTO/SB/21 (08-03)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/088,629	
	Filing Date	03/19/2002	
	First Named Inventor	Heithoff	
	Art Unit	1614	
	Examiner Name	Phyllis G. Spivack	
Total Number of Pages in This Submission	6	Attorney Docket Number	AL01071K

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Reference (9 documents); Return Post Card
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	THOMAS D. HOFFMAN, Reg. No. 28,221	
Signature	<i>Thomas D. Hoffman</i>	
Date	March 3, 2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	THOMAS D. HOFFMAN, Reg. No. 28,221	
Signature	<i>Thomas D. Hoffman</i>	Date March 3, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 600.00**Complete if Known**

Application Number	10/088,629
Filing Date	03/19/2002
First Named Inventor	Heithoff
Examiner Name	Phyllis G. Spivack
Art Unit	1614
Attorney Docket No.	AL01071K

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
Account
Number
Deposit
Account
Name

19-0365

Schering-Plough Corporation

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments☐ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 180	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	- 20** =	X	
Multiple Dependent	- 3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 85	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 85	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 56	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	420.00
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1480 130	1480 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1808 180	1808 180	Submission of Information Disclosure Stmt	180.00
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**SUBMITTED BY**

Name (Print/Type)	THOMAS D. HOFFMAN	Registration No. (Attorney/Agent)	28,221	Telephone	908-298-5037
Signature	<i>Thomas D. Hoffman</i>	Date	March 3, 2004		

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PTO/SB/17 (10-03)

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Art Unit	1614
Attorney Docket No.	AL01071K

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number	19-0365
Deposit Account Name	Schering-Plough Corporation

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments
☐ Charge any additional fee(s) or any underpayment of fee(s)
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

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1004 770	2004 385	Reissue filing fee	
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Total Claims	Extra Claims	Fee from below	Fee Paid
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Multiple Dependent Claims	-3** =	X	

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1204 88	2204 43	** Reissue independent claims over original patent	
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SUBTOTAL (2) (\$) 0

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
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1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

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SUBTOTAL (3) (\$) 600.00**SUBMITTED BY**

Name (Print/Type)	THOMAS D. HOFFMAN	Registration No. (Attorney/Agent)	28,221	Telephone	908-298-5037
Signature	<i>Thomas D. Hoffman</i>	Date	March 3, 2004		

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